Image# 10931762842 107/25#20140 20:05

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	1			
AMERICA VOTES				
7 WILL WORK FOR LO				
(b) Address (number and street)				
SUITE 720 (c) City, State and ZIP Code				
	3. FEC Identification Number			
WASHINGTON DC 20005				
2. Corporate filers only	<b>C</b> C90012097			
Is the filer a qualified nonprofit corporation?				
Individual filers only Name of Employer	L Occupation			
Name of Employer	Cocapation			
TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report	Notice			
☐ July 15 Quarterly Report				
October Quarterly Report				
□ October Quarterly Report				
☐ January 31 Year-End Report				
(b) Is this Report an amendment? Yes No X				
5. COVERING PERIOD: FROM M, M, D, D, D, T, Y,				
THROUGH				
M M / D 2 B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
6. TOTAL CONTRIBUTIONS	.00			
7. TOTAL INDEPENDENT EXPENDITURES	22734.00			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or	in constitution with, or at the			
request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE			
G HART MAINE OF TERROR COMMERCIAL C	DAIL			
Susan Finkle	10/25/2010			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.				

 $For \ further \ information, \ contact:$ 

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

PAGE	2	/	2
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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)  AMERICA VOTES		
AWLITION VOTES		
Full Name (Last, First, Middle Initial) of Payee Zata 3		Date
Mailing Address 458 New Jersey Ave SE		M M / D D / Y Y Y Y Y Y A Y A Y A Y A Y A Y A Y A
City Sta Washington D0	·	7976.00
Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: X House State: IL House Senate
Name of Federal Candidate Supported or Opposed by Expe Dan Seals		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	7976.00	Disbursement For: Primary X General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee Zata 3		Date  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 458 New Jersey Ave SE		Amount
City Sta Washington DC	•	7078.80
Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: X House State: IL  House Senate District: 14
Name of Federal Candidate Supported or Opposed by Expe Bill Foster	enditure:	President  Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	7078.80	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Zata 3		Date    Date
Mailing Address 458 New Jersey Ave SE		Amount
City Sta Washington DC	•	7679.20
Purpose of Expenditure Phone Calls	Category/ Type	Office Sought: X House State: IL House Senate Senate
Name of Federal Candidate Supported or Opposed by Experimental Phil Hare	enditure:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	19597.69	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		22734.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		22734.00